		_					,
	PART B - FEE(S)  Complete and send this form, together with applicable fee(s), to: No. 2 2 2004				Mail Stop ISSU Commissioner P.O. Box 1450 Alexandria, Vii	E FEE for Patents ginia 22313-1450	
	\&\&/		emitting the ISSI	or <u>Fax</u>	(703) 746-4000	urired) Blocks 1 through 5	should be completed where
	INSTRUCTION This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All redien parties ondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.						
	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  7590 11/08/2004				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
	Stephen R. Christ BECHTEL BWXT P.O.Box 1625 Idaho Falls, ID 834	TIDAHO, LLC	_		Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.		
AA AB ABBA MARIANTA AAAAAAT AEAEE AQTETET							(Depositor's name)
	FC:1501 1370.00 FC:1504 300.00					ourse	(Signature)
VE					11/15/19/2	(Date)	
	APPLICATION NO.	FILING DATE	FIRST NAMED INVE		ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
		YSTEMS AND METHODS		<u> </u>		_	
	APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
	nonprovisional	NO	\$1370		\$300	\$1670	02/08/2005
	EXAMINER		ART UNIT		CLASS-SUBCLASS	7	
ħ	HAMILTON, MONPLAISIR G		2135	2135		_	
	1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Trask Britt, P.C.				
	ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						
	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
	(A) NAME OF ASSIGNEE (B) RESIDEN			) RESIDENCE: (C	ITY and STATE OR CO	OUNTRY)	
	Bechtel BW	XT Idaho, LLC		Idaho Fa	lls, ID		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON	THE PATENT (print or type)				
PLEASE NOTE: Unless an assignee is identified below, no assignee recordation as set forth in 37 CFR 3.11. Completion of this form is NO	data will appear on the patent. If an assignee is identified below, the document has been filed for IT a substitute for filing an assignment.				
(A) NAME OF ASSIGNEE (I	B) RESIDENCE: (CITY and STATE OR COUNTRY)				
Bechtel BWXT Idaho, LLC	Idaho Falls, ID				
Please check the appropriate assignee category or categories (will not be p	rinted on the patent):				
4a. The following fee(s) are enclosed:	b. Payment of Fee(s):				
Sissue Fee	A check in the amount of the fee(s) is enclosed.				
Publication Fee (No small entity discount permitted)	Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number(enclose an extra copy of this form).				
5. Change in Entity Status (from status indicated above)					
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).				
The Director of the USPTO is requested to apply the Issue Fee and Publici NOTE: The Issue Fee and Publication Fee (if required) will not be accepte interest as shown by the records of the United States Patent and Prageman	ation Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  If the definition of the description of the				
Authorized Signature	Date 17NOV 2voy				
Typed or printed name Stephen R. Christian	Registration No				

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.